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IN THE SUPERIOR COURT OF WASHINGTON FOR THE COUNTY OF  
JUVENILE DIVISION

IN THE PLACEMENT OF:

NO.

Minor Child.

(DOB)

**PETITION FOR REVIEW OF  
OUT-OF-HOME PLACEMENT  
(CHILD WITH DISABILITIES)**

**I. BASIS**

I represent to the court the following:

1.1 Information about the child:

Name:

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

1.2 Known information about the parent(s) or legal guardian(s):

(a) Name of mother: \_\_\_\_\_  
Last Name First Name MI

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

(b) Name of father: \_\_\_\_\_  
Last Name First Name MI

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

DDD/DSHS

1 (c) Marital status of parents: \_\_\_\_\_  
2 (d) Name of legal guardian: \_\_\_\_\_  
3 Address: \_\_\_\_\_  
4 Telephone Number: \_\_\_\_\_  
5 1.3 The child has a developmental disability as defined in RCW 71A.10.020 as follows:  
6  
7  
8 1.4 The child is in need of out-of-home care solely because of the child's disability.  
9 1.5 The child's ☐ mother ☐ father ☐ legal guardian has/have signed a written  
10 Voluntary Placement Agreement with the Department authorizing the Department to  
11 place the child in a licensed facility.  
12 1.6 The child's ☐ mother ☐ father has not signed the placement agreement.  
13 (a) The custodian status of the non-signing parent(s) is: \_\_\_\_\_  
14 (b) The non-signing parent(s) cannot assume custody of the child because:  
15

## 16 II. RELIEF REQUESTED

17 I request that the court review the child's placement, make a determination that  
18 placement is in the best interests of the child and take other necessary action in the  
19 child's continued interest.

20 Date: \_\_\_\_\_  
21 DSHS/DDD Social Worker

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25 DDD/DSHS  
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III. VERIFICATION

STATE OF WASHINGTON )  
 )  
COUNTY OF \_\_\_\_\_ )

The undersigned on oath states that:

3.1 I am the petitioning social worker in this matter.

3.2 I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

_____	_____
Date and place	DSHS/DDD Social Worker Signature
	_____
	Type or print name
	_____
	_____
	Address
	_____
	_____
	Telephone number

DDD/DSHS